

Date:

Cigna Healthcare
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IMPORTANT!
Fax to: Client Services 603.314.6001

Subject: Request for CIGNA-assigned Identification Number

Dear [Name]:

Thank you for your recent request for a CIGNA-assigned identification number. As a leader in the healthcare industry, CIGNA HealthCare prides itself on excellence in consumer service.

One way we hope to continue to achieve this is by asking our participants to provide us with their Social Security numbers as this is the most reliable means of identifying an individual. It helps ensure all the information we receive from you in the course of administering benefits remains uniquely yours.

With your best interest in mind, we are informing you of some of the potential impacts associated with the use of an alternative identification number.

- (The alternative identification number may match another individual's Social Security Number or an alternative identification number issued by another company.
- (It does not eliminate the possibility of an individual accessing or misusing information related to that number.
- (Because alternative identification numbers are assigned in a non-random system, they are more susceptible to fraud -- increasing the risk of uncovering your confidential information.

To reduce the many uncertainties associated with having an alternative identification number, we suggest you use your unique Social Security number. While we recognize your concerns, CIGNA HealthCare takes all necessary precautions to ensure the confidentiality and security of your Social Security Number.

Should you still wish CIGNA HealthCare to assign you an alternative identification number, please sign, date and return this form.

I, _____, request that CIGNA HealthCare assign an alternative identification number to me. I am aware of the potential impacts identified in this letter associated with the use of an identification number other than my Social Security number.

Signed: _____

Date: _____

Sincerely,

CIS Name